

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
| <i>Company Tracking Number:</i> | <i>WL2001CSO</i> | | |
| <i>TOI:</i> | <i>L07I Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L07I.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: WL2001CSO

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate

Premium - Single Life

Filing Type: Form

SERFF Tr Num: SEFL-125821794 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40487

Co Tr Num: WL2001CSO

State Status: Approved-Closed

Co Status: sent to state

Reviewer(s): Linda Bird

Author: Andrea Boring

Disposition Date: 10/20/2008

Date Submitted: 10/08/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WL2001CSO

Project Number: WL2001CSO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/20/2008

State Status Changed: 10/20/2008

Corresponding Filing Tracking Number:

Filing Description:

See the Cover Letter under the Supporting Documentation tab.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/02/2008

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Andrea Boring, Policy Filing Specialist

policyfiling@assurity.com

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
| <i>Company Tracking Number:</i> | <i>WL2001CSO</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

| | |
|------------------------|------------------------|
| 1526 K St. | (800) 276-7619 [Phone] |
| Lincoln, NE 68501-2533 | (402) 437-3802[FAX] |

Filing Company Information

| | | |
|---------------------------------|-------------------------|-----------------------------|
| Assurity Life Insurance Company | CoCode: 71439 | State of Domicile: Nebraska |
| 1526 K Street | Group Code: -99 | Company Type: Life/Health |
| P.O. Box 82533 | | |
| Lincoln, NE 68501-2533 | Group Name: | State ID Number: |
| (800) 276-7619 ext. [Phone] | FEIN Number: 38-1843471 | |
| | ----- | |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
| <i>Company Tracking Number:</i> | <i>WL2001CSO</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

Filing Fees

| | |
|------------------|----------|
| Fee Required? | Yes |
| Fee Amount: | \$100.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Assurity Life Insurance Company | \$100.00 | 10/08/2008 | 23051657 |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
| <i>Company Tracking Number:</i> | <i>WL2001CSO</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Linda Bird | 10/20/2008 | 10/20/2008 |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
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| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

Disposition

Disposition Date: 10/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125821794 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 40487

Company Tracking Number: WL2001CSO

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: WL2001CSO

Project Name/Number: WL2001CSO/WL2001CSO

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Statement of Policy Cost | | Yes |
| Supporting Document | Illustration Certifications | | Yes |
| Supporting Document | Cover Letter | | Yes |
| Form | Whole Life Insurance | | Yes |
| Form | Critical Illness Benefit Rider | | Yes |
| Form | Critical Illness Benefit Rider - Other Insured | | Yes |
| Form | Disability Waiver of Premium Benefit Rider | | Yes |
| Form | Level Term Benefit Rider | | Yes |
| Form | Level Term Benefit Rider - Other Insured | | Yes |
| Form | Payor Benefit Rider | | Yes |
| Form | Protected Insurability Benefit Rider | | Yes |
| Form | Life product selection of application | | Yes |

SERFF Tracking Number: SEFL-125821794 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 40487

Company Tracking Number: WL2001CSO

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: WL2001CSO

Project Name/Number: WL2001CSO/WL2001CSO

Form Schedule

Lead Form Number: I L0880 (AR)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|--------------|-------------|----------------------------------|--------|----------------------|-------------|---------------------------|
| | I L0880 (AR) | Policy/Cont | Whole Life Insurance Initial | | | 51 | AR_I L0880_Policy.pdf |
| | R I0881 (AR) | Policy/Cont | Critical Illness Benefit Initial | | | 51 | AR_R I0881_CIRider.pdf |
| | R I0882 (AR) | Policy/Cont | Critical Illness Benefit Initial | | | 51 | AR_R I0882_CIRider-OI.pdf |
| | R I0883 | Policy/Cont | Disability Waiver of Initial | | | 52 | R I0883_WOPRider.pdf |

SERFF Tracking Number: SEFL-125821794 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 40487

Company Tracking Number: WL2001CSO

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: WL2001CSO

Project Name/Number: WL2001CSO/WL2001CSO

| | | | |
|---------|--|-----------------------------|-------------------------------|
| R I0884 | Policy/Cont Level Term Benefit Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | 55 | R I0884_LTRide r.pdf |
| R I0885 | Policy/Cont Level Term Benefit Initial ract/Fratern Rider - Other Insured al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | 54 | R I0885_OILTRi der.pdf |
| R I0886 | Policy/Cont Payor Benefit Rider Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | 52 | R I0886_Payor Rider.pdf |
| R I0887 | Policy/Cont Protected Insurability Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | 50 | R I0887_PIPRid er.pdf |
| 47-355- | Application/ Life product | Revised Replaced Form #: 50 | 47-355-05051 |

| | | | |
|--------------------------|---|------------------------|--|
| SERFF Tracking Number: | SEFL-125821794 | State: | Arkansas |
| Filing Company: | Assurity Life Insurance Company | State Tracking Number: | 40487 |
| Company Tracking Number: | WL2001CSO | | |
| TOI: | L071 Individual Life - Whole | Sub-TOI: | L071.101 Fixed/Indeterminate Premium - Single Life |
| Product Name: | WL2001CSO | | |
| Project Name/Number: | WL2001CSO/WL2001CSO | | |
| 05051 (R09-08) | Enrollment seclection of Form application | 47-355-05051 (R02-08) | _R09-08_.pdf |
| | | Previous Filing #: | |



READ YOUR POLICY CAREFULLY! This Policy is a legal contract between the Owner (You or Your) and Assurity Life Insurance Company (We, Us, Our or Assurity), a stock company. Terms that begin with capital letters are used as defined in this Policy or on the Policy Schedule. The Index lists all such terms on page 2.

We will pay the Proceeds of this Policy to the Beneficiary if:

- the Insured dies while this Policy is in force;
- We receive due proof of the Insured's death; and
- all Policy provisions are met.

RIGHT TO CANCEL

You may examine and cancel this Policy within 30 days of delivery for a full Premium refund. To cancel this Policy, return it to Our Administrative Office or the representative from whom it was purchased. Cancellation is effective on the date We receive the returned Policy at Our Administrative Office or the date it is received by the representative from whom it was purchased. When returned within 30 days of delivery, this Policy will be void from the Issue Date. We will refund the full Premium paid for this Policy and treat it as if it had never been issued.

You may cancel this Policy at any time after the 30-day Right to Cancel period by delivering or mailing a written request to Our Administrative Office. You may specify the date on which you want cancellation to be effective. However, cancellation will only be effective on the date You specify if We receive Your written request before that date. If We do not receive Your written request prior to the date You specify for cancellation, cancellation will be effective on the date We receive Your written request. Upon cancellation, We will promptly return the unearned portion of any Premium paid.

Assurity Life Insurance Company has signed this Policy on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

**WHOLE LIFE INSURANCE
Premiums payable to age 121 – Participating Policy**

| | | |
|----------------------|-------------------|---|
| Representative name: | [Alex Assurity |] |
| Address: | [1526 K Street |] |
| | [Lincoln NE 68508 |] |
| | [|] |
| Telephone: | [800-869-0355 |] |

TABLE OF CONTENTS

| | | | |
|---------------------------------------|---|-------------------------------------|----|
| RIGHT TO CANCEL | 1 | Optional Payment of Proceeds | 8 |
| INDEX | 2 | Payment Options | 8 |
| POLICY SCHEDULE | 3 | Withdrawal of Proceeds | 9 |
| YOUR POLICY | 4 | DIVIDENDS | 9 |
| Entire Contract | 4 | Dividend Options | 9 |
| Issue Date | 4 | POLICY VALUES..... | 9 |
| Policy Termination..... | 4 | Surrender Value | 10 |
| Contract Changes | 4 | Termination Options | 10 |
| PREMIUMS | 4 | LOANS | 11 |
| Premium Payment..... | 4 | Loan Value and Deferment | 11 |
| Grace Period | 5 | Loan Interest | 11 |
| Automatic Premium Loan..... | 5 | Premier Loan | 11 |
| Reinstatement | 6 | Premier Loan Value..... | 12 |
| INSURED, OWNERSHIP & ASSIGNMENT | 6 | Premier Loan Limit | 12 |
| Insured | 6 | Loan Repayment | 12 |
| Ownership | 6 | Dividend Reductions | 12 |
| Change of Ownership | 6 | GENERAL PROVISIONS | 12 |
| Assignment | 7 | Application Statements..... | 12 |
| BENEFICIARY | 7 | Contestable Period..... | 12 |
| Beneficiary..... | 7 | Minimum Benefit..... | 13 |
| Change of Beneficiary..... | 7 | Misstatement of Age or Gender | 13 |
| PAYMENT OF PROCEEDS | 8 | Suicide..... | 13 |
| Amount Payable..... | 8 | VALUES FOR PAYMENT OPTION 1 | 13 |

INDEX

| | | | |
|--------------------------------------|------|--------------------------|------|
| Administrative Office..... | 1 | Loan Value..... | 11 |
| Application | 4 | Owner | 1, 3 |
| Assurity Life Insurance Company..... | 1 | Paid-Up Additions | 9 |
| Attained Age | 9 | Payee..... | 8 |
| Beneficiary | 7 | Payment Contract | 8 |
| Cash Value | 10 | Payment Options | 8 |
| Contingent Owner..... | 6 | Policy | 1, 4 |
| Dividend..... | 9 | Policy Anniversary | 4 |
| Due Date..... | 4 | Policy Schedule | 3 |
| Evidence of Insurability..... | 6 | Policy Year..... | 4 |
| Expiration Date | 3 | Premier Loan Limit..... | 12 |
| Face Amount | 3 | Premier Loan Value | 12 |
| First Premium | 3 | Premium..... | 4 |
| Grace Period..... | 5 | Premium Period | 4 |
| Insured..... | 3, 6 | Proceeds..... | 8 |
| Issue Date..... | 3, 4 | Representations..... | 12 |
| Loan Balance..... | 11 | Surrender Value..... | 10 |
| Loan Interest..... | 11 | Termination Option | 10 |
| Loan Interest Rate | 11 | Warranties..... | 12 |

POLICY SCHEDULE

| FORM | BENEFIT | FACE AMOUNT | ANNUAL PREMIUM | YEARS PAYABLE | MATURITY OR EXPIRATION DATE |
|---------------|----------------------------|----------------------|-------------------|------------------|--------------------------------|
| I L0880 (AR) | Whole Life Insurance | [\$100,000] | [\$1,472.00] | [86] | [October 1, 2094] |
| [A-R127 | Exchange Privilege Rider | | Included | | [October 1, 2094] |
| [R I0761 | Accelerated Benefits Rider | | Included | | [October 1, 2094] |
| [R I0881 (AR) | Critical Illness Benefit | [50,000] | [393.00] | [40] | [October 1, 2048] |
| | Rider for [John Doe]] | | | | |
| [R I0882 (AR) | Critical Illness Benefit | [50,000] | [343.50] | [40] | [October 1, 2048] |
| | Rider – Other Insured | | | | |
| | for [Jane Doe]] | | | | |
| [R I0883 | Disability Waiver of | | [118.80] | [25] | [October 1, 2033] |
| | Premium Benefit Rider] | | | | |
| [R I0884 | Level Term Insurance | [100,000] | [165.00] | [20] | [October 1, 2028] |
| | Benefit Rider for | | | | |
| | [John Doe]] | | | | |
| [R I0885 | Level Term Insurance | [100,000] | [131.00] | [20] | [October 1, 2028] |
| | Benefit Rider – Other | | | | |
| | Insured for [Jane Doe]] | | | | |
| [R I0886 | Payor Benefit Rider | | [] | [] | []] |
| [R I0887 | Protected Insurability | [10,000] | [17.90] | [5] | [October 1, 2013] |
| | Benefit Rider] | | | | |
| [A-R 130 (AR) | Accidental Death Benefit | [100,000] | [82.00] | [35] | [October 1, 2043] |
| | Rider] | | | | |
| [A-R M35 | Children's Term | [10,000] | [55.00] | [60] | [October 1, 2068] |
| | Insurance Rider] | | | | |
| [A-RN16 | Paid-Up Additions | | [1,000.00] | [86] | [October 1, 2094] |
| (R12-06) | Purchase Option Rider – | | | | |
| | Periodic Premium] | | | | |
| [A-RN18 | Paid-Up Additions | | [1,500.00] | [1] | [October 1, 2094] |
| | Purchase Option Rider – | | | | |
| | Single Premium] | | | | |
| [R T25 | Disability Income Rider | | [202.10] | [30] | [October 1, 2038] |
| | for [John Doe] | | | | |
| | Monthly Benefit | [1,000] | | | |
| | Maximum Benefit Period | 2 years | | | |
| | Elimination Period | 90 consecutive days] | | | |
| [R T27-E | Accident Only | | [85.40] | [30] | [October 1, 2038] |
| | Disability Income Rider | | | | |
| | for [Jane Doe] | | | | |
| | Monthly Benefit | [1,000] | | | |
| | Maximum Benefit Period | 2 years | | | |
| | Elimination Period | 90 consecutive days] | | | |

Insured: [John Doe]
Owner: [John Doe]
Issue Date: [October 1, 2008]
Policy Fee: \$65.00
First Premium: \$[5,565.70]
Amount of Insurance: \$[100,000]
Modes of Premium Payment Available:

Policy Number: [1234567890]
Age: [35]
Gender: [Male]
Class: [Select Non-Tobacco]
Premium Period: [12 Months]

| | | | |
|--------------|---------------|------------|---------------|
| Annual: | \$[5,565.70] | Quarterly: | \$[1,469.34] |
| Semi-annual: | \$[2,838.51] | Monthly: | \$[484.22] |

TABLE OF GUARANTEED VALUES

THE FOLLOWING TABLE SHOWS THE GUARANTEED VALUES AT THE END OF STATED POLICY YEARS, AND ASSUMES PREMIUMS HAVE BEEN PAID AND THE POLICY IS FREE FROM INDEBTEDNESS TO THE COMPANY. THE VALUES AT A DATE OTHER THAN THE END OF A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE TIME ELAPSED IN THAT POLICY YEAR. VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED ON REQUEST.

INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [35]

AMOUNT OF INSURANCE: \$[100,000.00]

GENDER: [MALE]

CLASS: [SELECT NON-TOBACCO]

| END OF POLICY YEAR | POLICY ANNIVERSARY | INSURANCE AGE | GUARANTEED CASH VALUE | REDUCED PAID-UP INSURANCE | EXTENDED TERM INSURANCE YEARS | DAYS |
|--------------------------|-----------------------|------------------|--------------------------|---------------------------------|-------------------------------------|-------|
| 1 | [2009] | [36] | \$[0] | \$[0] | [0] | [0] |
| 2 | [2010] | [37] | [0] | [0] | [0] | [0] |
| 3 | [2011] | [38] | [782] | [3,488] | [7] | [49] |
| 4 | [2012] | [39] | [1,833] | [7,884] | [12] | [105] |
| 5 | [2013] | [40] | [2,916] | [12,099] | [15] | [288] |
| 6 | [2014] | [41] | [4,031] | [16,138] | [18] | [94] |
| 7 | [2015] | [42] | [5,180] | [20,014] | [20] | [7] |
| 8 | [2016] | [43] | [6,365] | [23,738] | [21] | [93] |
| 9 | [2017] | [44] | [7,586] | [27,314] | [22] | [63] |
| 10 | [2018] | [45] | [8,841] | [30,740] | [22] | [323] |
| 11 | [2019] | [46] | [10,129] | [34,021] | [23] | [165] |
| 12 | [2020] | [47] | [11,448] | [37,158] | [23] | [329] |
| 13 | [2021] | [48] | [12,796] | [40,152] | [24] | [83] |
| 14 | [2022] | [49] | [14,176] | [43,017] | [24] | [159] |
| 15 | [2023] | [50] | [15,592] | [45,768] | [24] | [202] |
| 16 | [2024] | [51] | [17,047] | [48,414] | [24] | [218] |
| 17 | [2025] | [52] | [18,540] | [50,955] | [24] | [210] |
| 18 | [2026] | [53] | [20,072] | [53,398] | [24] | [182] |
| 19 | [2027] | [54] | [21,640] | [55,741] | [24] | [135] |
| 20 | [2028] | [55] | [23,244] | [57,990] | [24] | [70] |
| 21 | [2029] | [56] | [24,880] | [60,141] | [23] | [353] |
| 22 | [2030] | [57] | [26,548] | [62,202] | [23] | [257] |
| 23 | [2031] | [58] | [28,245] | [64,172] | [23] | [149] |
| 24 | [2032] | [59] | [29,975] | [66,061] | [23] | [30] |
| 25 | [2033] | [60] | [31,739] | [67,875] | [22] | [268] |
| 26 | [2034] | [61] | [33,507] | [69,587] | [22] | [133] |
| 27 | [2035] | [62] | [35,295] | [71,221] | [21] | [355] |
| 28 | [2036] | [63] | [37,094] | [72,775] | [21] | [208] |
| 29 | [2037] | [64] | [38,898] | [74,248] | [21] | [54] |
| 30 | [2038] | [65] | [40,709] | [75,649] | [20] | [261] |

TABLE OF GUARANTEED VALUES

THE FOLLOWING TABLE SHOWS THE GUARANTEED VALUES AT THE END OF STATED POLICY YEARS, AND ASSUMES PREMIUMS HAVE BEEN PAID AND THE POLICY IS FREE FROM INDEBTEDNESS TO THE COMPANY. THE VALUES AT A DATE OTHER THAN THE END OF A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE TIME ELAPSED IN THAT POLICY YEAR. VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED ON REQUEST.

INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [35]

AMOUNT OF INSURANCE: \$[100,000.00]

GENDER: [MALE]

CLASS: [SELECT NON-TOBACCO]

| END OF POLICY YEAR | POLICY ANNIVERSARY | INSURANCE AGE | GUARANTEED CASH VALUE | REDUCED PAID-UP INSURANCE | EXTENDED TERM INSURANCE YEARS | DAYS |
|--------------------------|-----------------------|------------------|--------------------------|---------------------------------|-------------------------------------|-------|
| 31 | [2039] | [66] | \$[42,527] | \$[76,982] | [20] | [97] |
| 32 | [2040] | [67] | [44,358] | [78,258] | [19] | [294] |
| 33 | [2041] | [68] | [46,206] | [79,481] | [19] | [124] |
| 34 | [2042] | [69] | [48,073] | [80,657] | [18] | [313] |
| 35 | [2043] | [70] | [49,961] | [81,787] | [18] | [138] |
| 36 | [2044] | [71] | [51,861] | [82,871] | [17] | [321] |
| 37 | [2045] | [72] | [53,770] | [83,910] | [17] | [143] |
| 38 | [2046] | [73] | [55,661] | [84,892] | [16] | [324] |
| 39 | [2047] | [74] | [57,538] | [85,823] | [16] | [146] |
| 40 | [2048] | [75] | [59,405] | [86,710] | [15] | [325] |
| 41 | [2049] | [76] | [61,260] | [87,553] | [15] | [149] |
| 42 | [2050] | [77] | [63,104] | [88,358] | [14] | [330] |
| 43 | [2051] | [78] | [64,926] | [89,121] | [14] | [158] |
| 44 | [2052] | [79] | [66,713] | [89,843] | [13] | [342] |
| 45 | [2053] | [80] | [68,449] | [90,516] | [13] | [177] |
| 46 | [2054] | [81] | [70,135] | [91,148] | [12] | [363] |
| 47 | [2055] | [82] | [71,758] | [91,737] | [12] | [207] |
| 48 | [2056] | [83] | [73,327] | [92,288] | [12] | [37] |
| 49 | [2057] | [84] | [74,843] | [92,804] | [11] | [249] |
| 50 | [2058] | [85] | [76,300] | [93,285] | [11] | [91] |
| 51 | [2059] | [86] | [77,691] | [93,733] | [10] | [304] |
| 52 | [2060] | [87] | [79,004] | [94,144] | [10] | [165] |
| 53 | [2061] | [88] | [80,235] | [94,521] | [10] | [11] |
| 54 | [2062] | [89] | [81,378] | [94,864] | [9] | [253] |
| 55 | [2063] | [90] | [82,433] | [95,173] | [9] | [121] |
| 56 | [2064] | [91] | [83,401] | [95,452] | [8] | [347] |
| 57 | [2065] | [92] | [84,313] | [95,711] | [8] | [235] |
| 58 | [2066] | [93] | [85,173] | [95,950] | [8] | [112] |
| 59 | [2067] | [94] | [85,979] | [96,172] | [7] | [349] |
| 60 | [2068] | [95] | [86,728] | [96,375] | [7] | [254] |

TABLE OF GUARANTEED VALUES

THE FOLLOWING TABLE SHOWS THE GUARANTEED VALUES AT THE END OF STATED POLICY YEARS, AND ASSUMES PREMIUMS HAVE BEEN PAID AND THE POLICY IS FREE FROM INDEBTEDNESS TO THE COMPANY. THE VALUES AT A DATE OTHER THAN THE END OF A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE TIME ELAPSED IN THAT POLICY YEAR. VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED ON REQUEST.

INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [35]

AMOUNT OF INSURANCE: \$[100,000.00]

GENDER: [MALE]

CLASS: [SELECT NON-TOBACCO]

| END OF POLICY YEAR | POLICY ANNIVERSARY | INSURANCE AGE | GUARANTEED CASH VALUE | REDUCED PAID-UP INSURANCE | EXTENDED TERM INSURANCE | |
|--------------------------|-----------------------|------------------|--------------------------|---------------------------------|----------------------------|-------|
| | | | | | YEARS | DAYS |
| 61 | [2069] | [96] | \$[87,413] | \$[96,558] | [7] | [150] |
| 62 | [2070] | [97] | [88,069] | [96,732] | [7] | [33] |
| 63 | [2071] | [98] | [88,694] | [96,895] | [6] | [308] |
| 64 | [2072] | [99] | [89,281] | [97,048] | [6] | [223] |
| 65 | [2073] | [100] | [89,818] | [97,185] | [6] | [129] |
| 66 | [2074] | [101] | [90,282] | [97,303] | [6] | [19] |
| 67 | [2075] | [102] | [90,737] | [97,418] | [5] | [308] |
| 68 | [2076] | [103] | [91,181] | [97,529] | [5] | [231] |
| 69 | [2077] | [104] | [91,614] | [97,637] | [5] | [140] |
| 70 | [2078] | [105] | [92,035] | [97,741] | [5] | [29] |
| 71 | [2079] | [106] | [92,445] | [97,841] | [4] | [317] |
| 72 | [2080] | [107] | [92,844] | [97,938] | [4] | [246] |
| 73 | [2081] | [108] | [93,233] | [98,033] | [4] | [158] |
| 74 | [2082] | [109] | [93,610] | [98,123] | [4] | [44] |
| 75 | [2083] | [110] | [93,976] | [98,211] | [3] | [328] |
| 76 | [2084] | [111] | [94,330] | [98,295] | [3] | [265] |
| 77 | [2085] | [112] | [94,673] | [98,376] | [3] | [182] |
| 78 | [2086] | [113] | [95,004] | [98,453] | [3] | [60] |
| 79 | [2087] | [114] | [95,324] | [98,528] | [2] | [337] |
| 80 | [2088] | [115] | [95,632] | [98,599] | [2] | [283] |
| 81 | [2089] | [116] | [95,929] | [98,668] | [2] | [200] |
| 82 | [2090] | [117] | [96,215] | [98,734] | [2] | [33] |
| 83 | [2091] | [118] | [96,490] | [98,797] | [1] | [336] |
| 84 | [2092] | [119] | [96,754] | [98,858] | [1] | [280] |
| 85 | [2093] | [120] | [96,997] | [98,904] | [0] | [361] |
| 86 | [2094] | [121] | [100,000] | [100,000] | [0] | [0] |

YOUR POLICY

Entire Contract. The entire contract between You and Assurity includes:

- this Policy, which is the contract of insurance;
- Your Application, which consists of the papers You signed to purchase this Policy. We have attached a copy of Your Application to this Policy; and
- any riders or endorsements We have attached to this Policy.

Your Policy is issued in return for:

- the attached Application; and
- advance payment of the First Premium (see Premiums section).

Issue Date. Your Policy is effective on the Issue Date. The Policy Schedule shows the Issue Date. The Issue Date is the date from which We measure Policy Anniversaries and Policy Years. A Policy Anniversary occurs in each succeeding calendar year Your Policy remains in force. The month and day of each Policy Anniversary corresponds to the month and day of the Issue Date. A Policy Year is a period of 12 consecutive calendar months. The first Policy Year begins on the Issue Date. Policy Years after the first begin on the first Policy Anniversary and on each successive Policy Anniversary thereafter.

Policy Termination. Your Policy will terminate on the earliest of the following:

- the date of the Insured's death;
- the Policy Anniversary after the Insured's 121st birthday (shown as the Expiration Date on the Policy Schedule);
- the Due Date of any Premium not paid on or before the Due Date unless this Policy's Grace Period applies;
- the date the Grace Period expires for any Premium to which the Grace Period applies;
- when the Insured establishes residence in a foreign country; or
- the date You request termination.

Contract Changes. We cannot change Your Policy unless You agree to the change. Only Our President, Secretary or one of Our Vice Presidents can change or waive the terms and conditions of Your contract. Changes must be in writing and signed by one of these officers. No sales representative or any other person has the authority to change Your Policy or waive the terms and conditions of Your contract.

PREMIUMS

Premium Payment. Premiums are payments made to place and keep this Policy in force. Each Premium is due on or before its Due Date. The Due Date for the First Premium is the Issue Date. Payment of the First Premium is required to issue this Policy.

After paying the First Premium, You pay renewal Premiums to renew Your Policy to the next Due Date. The Due Date for a renewal Premium occurs and recurs after a Premium Period. A Premium Period is a fixed number of consecutive calendar months measured from the Issue Date. Four different Premium Periods are available under Your Policy. The Policy Schedule shows the amount of Premium payable for each Premium Period. You determine when renewal premiums are paid by selecting one of the four Premium Periods described below. *Note: Month(s) refer to calendar month(s):*

1. **Annual.** Twelve months separate each Due Date. Annual renewal Premiums are due on the first and each subsequent Policy Anniversary. Annual Due Dates, like Policy Anniversaries, correspond to the month and day of the Issue Date.
2. **Semi-Annual.** Six months separate each Due Date. Semi-annual Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent six-month period.
3. **Quarterly.** Three months separate each Due Date. Quarterly Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent three-month period.
4. **Monthly.** One month separates each Due Date. Monthly Due Dates correspond to the day of the month of the Issue Date in each subsequent calendar month.

Premiums are paid to Assurity at Our Administrative Office. You may request and receive a receipt for Premiums paid. This Policy will terminate on the Due Date of any Premium not paid on or before that Due Date unless the Policy's Grace Period applies.

Grace Period. A Premium not paid on or before its Due Date may be paid in that Premium's Grace Period. The Grace Period begins on a Premium's Due Date and ends 31 days later. Your Policy will remain in effect if a Premium is paid during its Grace Period. If the Insured's death occurs during the Grace Period, Proceeds, after deducting the unpaid Premium, remain payable. If You do not pay a Premium by the end of its Grace Period, Your Policy will terminate for nonpayment of Premium (see Termination Options).

We will provide written notice that Your Policy will terminate for nonpayment of Premium at least 31 days before such termination would occur. Notice will be to the last known address of the Owner and of any assignee of record. Notice will include the amount of Premium necessary to keep the Policy in force and the date by which such Premium must be received.

Automatic Premium Loan. If Your Policy has sufficient Loan Value, You may request to use an automatic premium loan to pay Premiums not paid by the end of the Grace Period. Unless elected in Your Policy's Application, Your written request to use an automatic premium loan to pay premiums must be received at Our Administrative Office before the Grace Period expires.

You may revoke an election to use automatic premium loans by providing Us written notification. Revocation will be effective when We receive Your written notice at Our Administrative Office. Upon revocation, automatic premium loans will not be used to pay Premiums unless and until You later request otherwise. Later requests must comply with this section. In addition to this section, automatic premium loans are subject to the Loans section.

The amount of the automatic premium loan will correspond to the Premium Period in effect for Your Policy.

If the Loan Value is not sufficient to pay the:

- annual Premium, an automatic premium loan equal to the semi-annual Premium will be taken on each succeeding semi-annual Premium Due Date;
- semi-annual Premium, an automatic premium loan equal to the quarterly Premium will be taken for each succeeding quarterly Premium Due Date;
- quarterly Premium, an automatic premium loan will not be taken, Your Policy will terminate, and the Termination Options will apply.

Reinstatement. You can reinstate Your lapsed Policy and any attached riders, if applicable, if:

- You apply for reinstatement on Our application form within three years of the lapse;
- the Insured and Owner(s), if different, sign the application;
- You pay all past due Premiums together with 6% interest, compounded annually from each Due Date; and
- You provide Us satisfactory Evidence of Insurability. Evidence of Insurability is information about the Insured We use to determine whether to approve or reinstate Your Policy.

The Policy loan and Loan Interest as of the lapse date must be paid or reinstated. Compound interest to the date of reinstatement will be charged on any Policy loan at the applicable Policy Loan Interest Rate during the period of lapse.

The reinstatement of Your Policy is effective on the date We approve Your reinstatement application.

You cannot reinstate Your Policy:

- if You requested cancellation under the Right to Cancel section;
- if Your Policy has been surrendered; or
- after the Policy Anniversary following the Insured's 121st birthday (shown as the Expiration Date on the Policy Schedule).

INSURED, OWNERSHIP AND ASSIGNMENT

Insured. The Insured is the person:

- whose life is insured under this Policy; and
- who is named as the Insured on the Policy Schedule.

The Insured is the Owner of this Policy unless:

- a different Owner is named in the Application and shown on the Policy Schedule; or
- the Owner is changed.

Ownership. During the Insured's lifetime, an Owner, whether or not the Insured, may:

- receive all benefits under this Policy and any attached riders;
- exercise all rights under this Policy and any attached riders, including naming a new Owner; and
- name or change a Contingent Owner. The Contingent Owner is the person who will become the new Owner of this Policy if the present Owner dies before the Insured. Naming a new Owner or a new Contingent Owner voids any prior designation unless stated otherwise in the new designation.

Change of Ownership. Policy ownership may be changed while the Insured is alive by:

- completing and signing a form approved by Us for changing ownership; and
- returning the form to Our Administrative Office for Our written acknowledgement.

When We furnish You written acknowledgment of the change of Ownership the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the ownership change.

Assignment. You can transfer, or assign, some or all of Your Policy rights to someone else by making a contract with that person, the assignee. We are not responsible for the validity of any assignment of this Policy, nor are We bound by any assignment until We receive a copy of the assignment at Our Administrative Office.

BENEFICIARY

Beneficiary. The Beneficiary is the person(s) named in the Application, or by later designation, to receive the Proceeds, if any. Unless otherwise stated:

- in this Policy;
- in any Payment Contract in effect under this Policy; or
- in a Beneficiary designation in effect under this Policy,

the following applies to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond the Insured.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiary. Proceeds are payable to the contingent Beneficiary only if no primary Beneficiary survives the Insured.
3. We will pay Proceeds to the Beneficiaries surviving at the time of the Insured's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine:
 - the identity of any Beneficiaries not identified by name; or
 - whether any Beneficiaries not identified by name are living.
4. All Beneficiaries in the same class (primary or contingent) will share equally unless You specify otherwise.
5. After the death of all designated Beneficiaries, We will pay:
 - any Proceeds payable, except for any guaranteed payments, to the Owner or to the Owner's successors, transferees or estate; or
 - the withdrawal value of any unpaid guaranteed payments to the estate of the person then receiving such payments. Payment will be in a lump sum.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claims and legal process.

Change of Beneficiary. A Beneficiary may be changed while the Insured is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our Administrative Office for Our written acknowledgement.

Naming a new Beneficiary or a new contingent Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

PAYMENT OF PROCEEDS

If the Insured dies while this Policy is in force and all applicable Policy provisions have been met, We will pay this Policy's Proceeds to the Beneficiary. Payment will be made within two months of receiving due proof of death at Our Administrative Office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Amount Payable. The amount of Proceeds is equal to the Face Amount in force, increased by the amount of any:

- benefits payable under any riders attached to Your Policy;
- Paid-Up Additions;
- Dividend accumulation;
- Dividends payable at the Insured's death; and
- Premiums paid beyond the date of the Insured's death.

We will reduce Proceeds by the amount of any Premiums due and unpaid and any Loan Balance.

Payment will include interest on the Proceeds from the date of death until the date payment is made. The interest paid on Proceeds will be the higher of:

- the rate payable under Payment Option 3; or
- the rate required by state law, if any.

Optional Payment of Proceeds. Upon the death of the Insured, We will pay Proceeds in a lump sum or under a Payment Option. We will not pay Proceeds under a Payment Option unless so elected in a written statement sent to Our Administrative Office. All or part of the Proceeds may be applied to a Payment Option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a Payment Option from creditor's claims and legal process to the extent allowed by law.

You may elect a Payment Option during the Insured's lifetime. A Beneficiary may also elect a Payment Option if Proceeds are payable to the Beneficiary. The person receiving payments under a Payment Option is the Payee. If a Payee chooses lifetime payments, We may require proof of a Payee's age. We must agree to a Payment Option if the Payee is an assignee or if the Payee is other than a natural person (such as a corporation or a partnership). If Your Policy is assigned as payment of a loan, We will pay the assignee in a lump sum.

We will provide the Payee with a Payment Contract that explains how We make payments under the chosen Payment Option. The Payment Contract will control payments if a Payee dies before We make all payments. Payment Contracts cannot be assigned.

Payment Option 1: Payment for a Fixed Period. Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in Values for Payment Option 1 and may be increased by additional interest.

Payment Option 2: Payment of Fixed Amount. Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

Payment Option 3: Left at Interest. We will pay interest periodically on amounts left with Us. The interest rate paid will not be less than 3% per year. Additional interest may be paid.

Payment Option 4: Alternate Payment for Life. Payments are chosen based on Our then published settlement option rates. Payment will not be less than the amount of a monthly annuity that can be purchased:

- as a single premium annuity;
- with the first payment made immediately; and
- at Our then published settlement option rates.

Withdrawal of Proceeds. Unless restricted, a Payee can withdraw unpaid Payment Option 1, 2 or 3 balances. We will discount any Payment Option 1 Proceeds at the Payment Option 1 interest rate.

DIVIDENDS

Your Policy is eligible for Dividends. Dividends mean a share in payments of Our earnings. Each year We will determine whether or not Dividends will be paid. Dividends may vary from policy to policy depending on an Insured's rate class and a policy's Face Amount. We will divide any Dividend payable in the year the Insured dies into 12 equal portions. We will pay one portion for each month the Insured was alive that year.

Dividend Options. Dividend options may be chosen in the Application or by making a written request to Our Administrative Office. If You do not choose a Dividend option, We will apply any Dividends to purchase Paid-Up Additions. Available Dividend options are:

Paid-Up Additions. Dividends purchase Paid-Up Additions (amounts of insurance added to Your Policy for which no further Premium is due).

Accumulate at Interest. Dividends are left with Us to earn interest at a rate of not less than 3% annually.

Paid in Cash. Dividends are paid in cash.

Reduce Premiums – Balance in Cash. Dividends are used to pay Premiums in any Payment Mode except monthly. Any remaining Dividends will be paid in cash.

Reduce Premiums – Balance to Paid-Up Additions. Dividends are used to pay Premiums in any Premium Payment Mode except monthly. Any remaining Dividends will be used to purchase Paid-Up Additions.

Other Dividend options may be available.

POLICY VALUES

The values of this Policy meet or exceed those required by law. Where required, We have filed a detailed statement explaining the calculation of these values with the insurance regulator for the state in which this Policy is delivered. Calculations of minimum Policy values, reserves and Premiums are based on all of the following:

- the 2001 Commissioner's Standard Ordinary, sex distinct, smoker distinct, select and ultimate mortality table;
- Premium paid Annually and Death Benefits paid immediately;
- the Insured's Attained Age (Attained Age means the age shown in the Policy Schedule plus the number of Policy Years elapsed.); and
- an interest rate of 4.0% per year.

Your Policy's Cash Value is determined from the Table of Guaranteed Values. We use the Standard Nonforfeiture Value Method to set Cash Values.

Surrender Value. You may surrender Your Policy for its Surrender Value:

- while this Policy is in force;
- during the Insured's lifetime; and
- before the Expiration Date.

The Policy's Surrender Value is equal to the Cash Value on the date of surrender. We will increase the Surrender Value by the amount of:

- the cash value of any Paid-Up Additions;
- any Dividend accumulation;
- any due but unpaid Dividends; and
- Premiums paid beyond the date of Surrender.

We will reduce the Surrender Value by the amount of:

- any Premiums due and unpaid; and
- any Loan Balance.

We may defer payment of the Surrender Value up to six months.

Termination Options. Your Policy will terminate on the Due Date of any Premium not paid on or before that date unless the Grace Period applies. If You do not pay a Premium by the end of its Grace period, Your Policy will terminate on the Premium's Due Date. You may then choose a Termination Option by providing written notice of Your choice to Our Administrative Office. If You do not choose a Termination Option within 60 days of the unpaid Premium's Due Date, Termination Option 3, extended term insurance, applies. Your Termination Options are:

Termination Option 1: Surrender Your Policy for its Surrender Value.

Termination Option 2: You may use Your Policy's Surrender Value to continue Your Policy as reduced paid-up insurance by applying Your Policy's Surrender Value as a net single premium at the Insured's Attained Age at the time the request is processed. If the amount of reduced paid-up insurance exceeds the amount of extended term insurance under Termination Option 3, We will pay You the excess Surrender Value in cash. You may surrender reduced paid-up insurance for its surrender value. The surrender value within 30 days of a Policy Anniversary will not be less than the surrender value on the Policy Anniversary.

Termination Option 3: You may use Your Policy's Surrender Value to continue Your Policy as extended term insurance. The amount of extended term insurance will equal the Face Amount in force, increased by the amounts of any Paid-Up Additions and accumulated Dividends.

Extended term insurance remains in force for the period that can be purchased with the Surrender Value as a net single premium at the Insured's Attained Age at the time the request is processed.

Extended term insurance may be surrendered for its surrender value. The surrender value within 30 days of a Policy Anniversary will not be less than the surrender value on the Policy Anniversary.

LOANS

Loan Value and Deferment. Unless Your Policy is on extended term insurance, You may take loans against Your Policy's Loan Value as cash loans and/or automatic premium loans. The Loan Value is the maximum amount You may borrow at any one time and is equal to the Cash Value on the date of the loan, plus any Dividend and Paid-Up Addition cash value in the Policy and reduced by the amount of:

- any due and unpaid Premiums;
- any Loan Balance; and
- Loan Interest on the loan through the next Policy Anniversary.

The Policy's Loan Balance is the total amount of all unpaid loans and all unpaid Loan Interest on a given date. We may defer cash loans up to six months. We will not defer automatic premium loans.

Loan Interest. Loan Interest is interest on the amount loaned, charged from the date of the loan. Loan Interest is payable annually in arrears each Policy Anniversary. If not paid when due, interest is added to the Loan Balance as capitalized interest. Thereafter, capitalized interest itself bears interest.

The Loan Interest Rate may vary, but will not exceed the greater of:

- the Published Monthly Average for the calendar month ending 2 months before the rate is determined; or
- the rate used to compute this Policy's Cash Value plus 1% per annum.

Published Monthly Average means Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc. or any successor thereto. If this Average is no longer published, We will use a similar average established under the law of the state in which this Policy is delivered.

We must determine the Loan Interest Rate at least once every 12 months. We can change the Loan Interest Rate no more frequently than once every three months. If Our determination of the Loan Interest Rate results in an annual rate increase of 0.5% or more, We may increase the Loan Interest Rate. However, if Our determination results in an annual rate reduction of 0.5% or more, We will reduce this Policy's Loan Interest Rate by at least 0.5%.

When You take a loan, We will tell You the initial Loan Interest Rate. If Your Policy has a Loan Balance, We will give You reasonable advance notice of any increase in the Loan Interest Rate. Your Policy will not terminate in a Policy Year solely because We increased the Loan Interest Rate during that Policy Year. Your Policy will remain in force during the Policy Year until it would otherwise terminate.

Premier Loan. Qualifying loans and associated capitalized interest will be administered as premier loans beginning on:

- the 12th Policy Anniversary; or
- the 2nd Policy Anniversary, provided the Surrender Value equals at least \$10,000 or the Policy's Owner is Attained Age 60 or older.

Premier loans are administered separately from loans not qualifying under this section. Unless modified by this section, premier loans are subject to:

- all definitions, terms, and conditions of the Loans section;
- the Premier Loan Limit and Premier Loan Value below; and
- the Loan Repayment and Dividend Reductions as specified in those sections.

Premier Loan Value. On each Policy Anniversary occurring while a premier loan is in effect, We will redetermine the maximum amount available for premier loans during the next 12 calendar months. The amount so determined is the Premier Loan Value, and is equal to 10% of the Cash Value after:

- adding the amount of any Dividends payable; and
- deducting the amount of any Loan Balance that existed prior to adding any capitalized interest accrued in the previous Policy Year.

Premier Loan Limit. No more than one new loan in each Policy Year may be administered as a premier loan. Capitalized interest is not considered a new loan when determining the Premier Loan Limit.

Loan Repayment. You may repay all or part of a Loan Balance at any time during the Insured's lifetime while this Policy is in force, but You are not obligated to do so. However, the Loan Balance must not equal or exceed the Loan Value. If this happens, We will inform You of the payment required to reduce the Loan Balance below the Loan Value. We will also inform You that the terms and conditions of the Grace Period apply. If You do not make the required payment by the end of the Grace Period, Your Policy will terminate.

Any loan repayment applies first to any loans that do not qualify as premier loans. We will then apply the balance of the repayment, if any, to premier loans. We will not administer as a premier loan the amount of any Loan Balance that exceeds the Premier Loan Limit and/or the Premier Loan Value if such Loan Balance is attributable to any combination of:

- Loan Balances originating prior to this section's effective date;
- new loans; or
- capitalized interest.

Dividend Reductions. Any Loan Balance will reduce Your Policy's benefits, including any Dividends payable. The greater the Loan Balance, the greater the reduction in any Dividends payable. The Dividend reduction varies with the then current rate of interest used to determine Dividends payable and the Loan Interest Rate.

The Dividend reduction for premier loans is equal to 0.5% of the premier loan average daily Loan Balance.

GENERAL PROVISIONS

Application Statements. No statement will void this Policy, or any attached riders, or be used to defend a claim unless You made the statement in Your Application. We can only use Application statements if We attach a copy of Your Application to this Policy on the Issue Date.

State law also requires Us to inform You that the statements You make in Your Application are deemed Representations and not Warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements Warranties, We could cancel Your Policy for any inaccuracy – even an honest mistake. Therefore, We regard the statements made in Your Application as Representations, not as Warranties.

Contestable Period. We have the right to contest the validity of this Policy and any attached riders based on material misrepresentations made in the initial Application. However, We cannot contest the validity of this Policy or any attached riders, except for fraudulent misstatements in the Application, after it has been in force during the lifetime of the Insured for two years from the Issue Date.

We have the right to contest the validity of a reinstatement of this Policy and any attached riders based on material misrepresentations made in the application for reinstatement. However, We cannot contest a reinstatement, except for fraudulent misstatements in the reinstatement application, after this Policy has been reinstated and in force during the lifetime of the Insured for two years from the reinstatement date.

Minimum Benefit. This Policy's benefits will not be less than the minimum benefits required by law in the state in which the Policy was delivered.

Misstatement of Age or Gender. If the Insured's age and/or gender is misstated in the Application, We will revise the Policy and any applicable riders' benefit amounts to the amount the Premium paid would have purchased for the correct age and/or gender. The revised Face Amount will use Our published rates in effect on the Issue Date.

Suicide. If the Insured dies by suicide within two years of the Issue Date, Our liability is limited to a refund of Premiums paid. This provision expires two years after the Issue Date.

VALUES FOR PAYMENT OPTION 1

| <i>Amount of Each Payment</i> | | | | | <i>Amount of Each Payment</i> | | | | |
|-------------------------------------|----------------------|--------------------------------|-------------------------|-----------------------|-------------------------------------|----------------------|--------------------------------|-------------------------|-----------------------|
| Fixed Period (Years) | <u>Annual</u> | <u>Semi- Annual</u> | <u>Quarterly</u> | <u>Monthly</u> | Fixed Period (Years) | <u>Annual</u> | <u>Semi- Annual</u> | <u>Quarterly</u> | <u>Monthly</u> |
| 5 | 211.99 | 106.78 | 53.59 | 17.91 | 20 | 65.26 | 32.87 | 16.50 | 5.51 |
| 6 | 179.22 | 90.27 | 45.30 | 15.14 | 21 | 62.98 | 31.72 | 15.92 | 5.32 |
| 7 | 155.83 | 78.49 | 39.39 | 13.16 | 22 | 60.92 | 30.68 | 15.40 | 5.15 |
| 8 | 138.31 | 69.66 | 34.96 | 11.68 | 23 | 59.04 | 29.74 | 14.92 | 4.99 |
| 9 | 124.69 | 62.81 | 31.52 | 10.53 | 24 | 57.33 | 28.88 | 14.49 | 4.84 |
| 10 | 113.82 | 57.33 | 28.77 | 9.61 | 25 | 55.76 | 28.08 | 14.09 | 4.71 |
| 11 | 104.93 | 52.85 | 26.52 | 8.86 | 26 | 54.31 | 27.36 | 13.73 | 4.59 |
| 12 | 97.54 | 49.13 | 24.65 | 8.24 | 27 | 52.97 | 26.68 | 13.39 | 4.47 |
| 13 | 91.29 | 45.98 | 23.08 | 7.71 | 28 | 51.74 | 26.06 | 13.08 | 4.37 |
| 14 | 85.95 | 43.29 | 21.73 | 7.26 | 29 | 50.60 | 25.49 | 12.79 | 4.27 |
| 15 | 81.33 | 40.96 | 20.56 | 6.87 | 30 | 49.53 | 24.95 | 12.52 | 4.18 |

*Payments are shown for each \$1,000 applied under the Payment Option.
Figures not shown will be furnished on request.*

Assurity Life Insurance Company

WHOLE LIFE INSURANCE

Premiums payable to age 121 – Participating Policy

READ YOUR POLICY CAREFULLY!



CRITICAL ILLNESS BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any Premium change.

SCHEDULE

| | |
|------------------|-------------------|
| Issue Date: | [October 1, 2008] |
| Expiration Date: | [October 1, 2048] |
| Insured Person: | [John Doe] |
| Benefit Amount: | [\$50,000] |

DEFINITIONS

Angioplasty, for the purposes of this rider, means undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified in cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Carcinoma in Situ, for the purposes of this rider, means a malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in Situ must be Diagnosed by a Physician with histopathological confirmation. Premalignant lesions and Carcinoma in Situ of the skin, including melanoma in situ, are excluded.

Clinical Diagnosis, for the purposes of this rider, means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured for Invasive Cancer and/or Carcinoma in Situ.

Coronary Bypass Surgery, for the purposes of this rider, means undergoing coronary artery bypass surgery requiring median sternotomy (division of the breast bone) and the use of either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified as a cardiothoracic surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Date of Diagnosis, for the purposes of this rider, means the date the Diagnosis is established by a Physician who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured's medical records. For a procedure, it is the date the Insured undergoes the procedure.

Diagnosis, for the purposes of this rider, means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

First Ever Diagnosis or Procedure, for the purposes of this rider, means this diagnosis or procedure is the first time ever in the Insured's lifetime that he/she has undergone that specific procedure or been Diagnosed with that specific condition listed as a specified critical illness in the chart under the Rider Benefit section.

Heart Attack, for the purposes of this rider, means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

Established (old) myocardial infarction prior to the Issue Date is excluded.

Immediate Family means the spouse, father, mother, children or siblings of any Insured Person.

Invasive Cancer, for the purposes of this rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer must be positively Diagnosed by a Physician with histopathological confirmation. The following tumors are excluded:

- chronic lymphocytic leukemia that has not progressed to at least Rai Stage II or Binet Stage B;
- all tumors that are histologically described as premalignant, noninvasive, Carcinoma in Situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3, HGSIL and LGSIL), or borderline malignant or low malignant potential;
- all skin cancers, unless there is evidence of metastasis, or the tumor is malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- prostate cancer, unless histologically classified as Gleason score seven (7) or greater, or TNM classification T2N0M0 or greater;
- papillary carcinoma of the thyroid that is one (1) cm or less in diameter and limited to the thyroid; and
- noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

Kidney (Renal) Failure, for the purposes of this rider, means the chronic and irreversible failure of both of the Insured's kidneys which requires the Insured to undergo regular and ongoing dialysis. The Diagnosis must be made by a Physician board certified in nephrology.

Major Organ Transplant, for the purposes of this rider, means the clinical evidence of a major organ(s) failure which requires the malfunctioning organ(s) of the Insured to be replaced with an organ(s) from a suitable human donor (excluding the Insured) under generally accepted medical procedures. The organs covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the Major Organ Transplant to be covered under this rider, the Insured must be registered by the United Network of Organ Sharing (UNOS).

Paralysis, for the purposes of this rider, means the complete and permanent loss of use of two or more limbs through neurological injury or disease for a continuous period of at least 180 days, confirmed by a Physician board certified in neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Note: Stroke is a separate benefit.)

Pathological Diagnosis, for the purposes of this rider, means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Physician, for the purposes of this rider, means a licensed medical provider. The Physician must act within the scope of his or her license and be someone other than You, an Insured Person or an Immediate Family member of Yours or an Insured Person. The Physician must be providing care required by the specified critical illness.

Stroke, for the purposes of this rider, means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in neurology.

Waiting Period, for the purposes of this rider, means the 30 days following the Issue Date or last reinstatement date.

RIDER BENEFIT

We will pay a benefit if the Insured receives a First Ever Diagnosis or Procedure for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description.

The amount payable for each First Ever Diagnosis or Procedure of a specified critical illness per category is the percentage of the Benefit Amount payable multiplied by the Benefit Amount. The Benefit Amount is shown on the rider Schedule. The percentage of the Benefit Amount payable for each specified critical illness is shown beside the illness in the chart below.

The maximum total percentage of the Benefit Amount payable per category of specified critical illnesses is shown in the last column of the chart below.

| Category | Specified Critical Illness | Percentage of Benefit Amount Payable for each Specified Critical Illness | Maximum Percentage of Benefit Amount for Category |
|------------|--|--|---|
| Category 1 | Heart Attack | 100% | 100% |
| | Major Organ Transplant – heart or combination transplant including heart | 100% | |
| | Stroke | 100% | |
| | Coronary Bypass Surgery | 25% | |
| | Angioplasty | 10% | |
| Category 2 | Kidney (Renal) Failure | 100% | 100% |
| | Major Organ Transplant – not covered in Category 1 | 100% | |
| | Paralysis – not as a result of Stroke | 100% | |
| Category 3 | Invasive Cancer | 100% | 100% |
| | Carcinoma in Situ | 25% | |

If You receive a percentage of the Benefit Amount for one specified critical illness within a category in the chart above and the Insured then becomes eligible for benefits for another specified critical illness within the same category, the Benefit Amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous specified critical illnesses within the same category.

After 100% of the Benefit Amount shown on the rider Schedule has been paid for the Insured within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category. We will pay the benefit for Coronary Bypass Surgery, Carcinoma in Situ and Angioplasty only once per lifetime.

If benefits have been paid for a specified critical illness within one category, no benefits will be payable for a subsequent specified critical illness within a different category unless the Date of Diagnosis of the subsequent specified critical illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding specified critical illness.

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

If You receive benefits for Carcinoma in Situ and are later Diagnosed with Invasive Cancer, the remaining Benefit Amount will be paid.

No benefits are payable for conditions other than the specified critical illnesses defined in this rider.

LIMITATIONS

If during the Waiting Period, the Insured:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- has exhibited any common or identifiable symptoms or medical problems which lead to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ during the Waiting Period, coverage for Category 3 will end.

EXCLUSIONS

We will not pay benefits under this rider for conditions caused by or as the result of the Insured:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;

- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

CLAIM PROCEDURES

Notice of Claim. You must give Us written notice of claim within 20 calendar days after the Diagnosis covered by this rider starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our Administrative Office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule and the name of the Insured, if different.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit stated in the Proof of Loss.

Proof of Loss. You must give Us written proof of loss within 120 calendar days after the Diagnosis. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of Diagnosis unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any Diagnosis by this rider will be paid after proper written proof of loss is received.

Payment of Claims. All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

Legal Action. You cannot bring a legal action to recover benefits under this rider for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date of proof of loss is required.

Misstatement of Age or Gender. If the Insured's age and/or gender is misstated, an adjustment in premiums, coverage, or both will be made based on the Insured's correct age and/or gender. No misstatement of age or gender will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

Physical Examination and Autopsy. We have the right to have the Insured examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Conformity with State Statutes. The law of Your state of residence applies. If this rider conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Periods of Time. All periods of time shown in the rider begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Time of Coverage. Coverage starts on the rider Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the Grace Period. This rider may be renewed only as stated in the Premium section of the Policy. Each time this rider is renewed, the new term begins when the old terms ends.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when the Insured establishes residence in a foreign country;
- the expiration date listed in the rider Schedule;
- when the maximum percentage of Benefit Amount has been paid for each category; or
- upon the Insured's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



CRITICAL ILLNESS BENEFIT RIDER – OTHER INSURED

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any premium change.

SCHEDULE

| | |
|------------------|-------------------|
| Issue Date: | [October 1, 2008] |
| Expiration Date: | [October 1, 2048] |
| Insured Person: | [Jane Doe] |
| Benefit Amount: | [\$50,000] |

DEFINITIONS

Angioplasty, for the purposes of this rider, means undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified in cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Carcinoma in Situ, for the purposes of this rider, means a malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in Situ must be Diagnosed by a Physician with histopathological confirmation. Premalignant lesions and Carcinoma in Situ of the skin, including melanoma in situ, are excluded.

Clinical Diagnosis, for the purposes of this rider, means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in Situ.

Coronary Bypass Surgery, for the purposes of this rider, means undergoing coronary artery bypass surgery requiring median sternotomy (division of the breast bone) and the use of either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified as a cardiothoracic surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Date of Diagnosis, for the purposes of this rider, means the date the Diagnosis is established by a Physician who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records. For a procedure, it is the date the Insured Person undergoes the procedure.

Diagnosis, for the purposes of this rider, means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

First Ever Diagnosis or Procedure, for the purposes of this rider, means this diagnosis or procedure is the first time ever in the Insured Person's lifetime that he/she has undergone that specific procedure or been Diagnosed with that specific condition listed as a specified critical illness in the chart under the Rider Benefit section.

Heart Attack, for the purposes of this rider, means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

Established (old) myocardial infarction prior to the Issue Date is excluded.

Immediate Family means the spouse, father, mother, children or siblings of any Insured Person.

Invasive Cancer, for the purposes of this rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer must be positively Diagnosed by a Physician with histopathological confirmation. The following tumors are excluded:

- chronic lymphocytic leukemia that has not progressed to at least Rai Stage II or Binet Stage B;
- all tumors that are histologically described as premalignant, noninvasive, Carcinoma in Situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3, HGSIL and LGSIL), or borderline malignant or low malignant potential;
- all skin cancers, unless there is evidence of metastasis, or the tumor is malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- prostate cancer, unless histologically classified as Gleason score seven (7) or greater, or TNM classification T2N0M0 or greater;
- papillary carcinoma of the thyroid that is one (1) cm or less in diameter and limited to the thyroid; and
- noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

Kidney (Renal) Failure, for the purposes of this rider, means the chronic and irreversible failure of both of the Insured Person's kidneys which requires the Insured Person to undergo regular and ongoing dialysis. The Diagnosis must be made by a Physician board certified in nephrology.

Major Organ Transplant, for the purposes of this rider, means the clinical evidence of a major organ(s) failure which requires the malfunctioning organ(s) of the Insured Person to be replaced with an organ(s) from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the Major Organ Transplant to be covered under this rider, the Insured Person must be registered by the United Network of Organ Sharing (UNOS).

Paralysis, for the purposes of this rider, means the complete and permanent loss of use of two or more limbs through neurological injury or disease for a continuous period of at least 180 days, confirmed by a Physician board certified in neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Note: Stroke is a separate benefit.)

Pathological Diagnosis, for the purposes of this rider, means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Physician, for the purposes of this rider, means a licensed medical provider. The Physician must act within the scope of his or her license and be someone other than You, an Insured Person or an Immediate Family member of Yours or an Insured Person. The Physician must be providing care required by the specified critical illness.

Stroke, for the purposes of this rider, means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in neurology.

Waiting Period, for the purposes of this rider, means 30 days following the Issue Date or last reinstatement date.

RIDER BENEFIT

We will pay a benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description.

The amount payable for each First Ever Diagnosis or Procedure of a specified critical illness per category is the percentage of the Benefit Amount payable multiplied by the Benefit Amount. The Benefit Amount is shown on the rider Schedule. The percentage of the Benefit Amount payable for each specified critical illness is shown beside the illness in the chart below.

The maximum total percentage of the Benefit Amount payable per category of specified critical illnesses is shown in the last column of the chart below.

| Category | Specified Critical Illness | Percentage of Benefit Amount Payable for each Specified Critical Illness | Maximum Percentage of Benefit Amount for Category |
|------------|--|--|---|
| Category 1 | Heart Attack | 100% | 100% |
| | Major Organ Transplant – heart or combination transplant including heart | 100% | |
| | Stroke | 100% | |
| | Coronary Bypass Surgery | 25% | |
| | Angioplasty | 10% | |
| Category 2 | Kidney (Renal) Failure | 100% | 100% |
| | Major Organ Transplant – not covered in Category 1 | 100% | |
| | Paralysis – not as a result of Stroke | 100% | |
| Category 3 | Invasive Cancer | 100% | 100% |
| | Carcinoma in Situ | 25% | |

If You receive a percentage of the Benefit Amount for one specified critical illness within a category in the chart above and the Insured Person then becomes eligible for benefits for another specified critical illness within the same category, the Benefit Amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous specified critical illnesses within the same category.

After 100% of the Benefit Amount shown on the rider Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category. We will pay the benefit for Coronary Bypass Surgery, Carcinoma in Situ and Angioplasty only once per lifetime.

If benefits have been paid for a specified critical illness within one category, no benefits will be payable for a subsequent specified critical illness within a different category unless the Date of Diagnosis of the subsequent specified critical illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding specified critical illness.

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

If You receive benefits for Carcinoma in Situ and are later Diagnosed with Invasive Cancer, the remaining Benefit Amount will be paid.

No benefits are payable for conditions other than the specified critical illnesses defined in this rider.

A benefit is payable upon the death of the Insured Person if the term period on the term rider for this rider's Insured Person has expired and the death is due to a specified critical illness.

LIMITATIONS

If during the Waiting Period, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- has exhibited any common or identifiable symptoms or medical problems which lead to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ during the Waiting Period, coverage for Category 3 will end.

EXCLUSIONS

We will not pay benefits under this rider for conditions caused by or as the result of the Insured Person:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;

- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

CONVERSION

You can convert this rider at the time You convert the Insured Person's term rider coverage to a permanent plan of insurance. Conversion will be to a rider offered by Us You have received the maximum percentage of Benefit Amount for each category or this rider is not in force at the time of the conversion. If any Benefit Amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion rider.

You can also convert this rider to a critical illness insurance policy offered by Us on the Insured Person if:

- the Insured on the Policy dies; or
- the Insured on the Policy and this rider's Insured Person are lawfully married and become legally divorced.

You must request conversion in writing within 31 days of one of the events above. Completion of a written application and payment of the necessary premium will be required. Evidence of Insurability will not be required. The conversion policy will provide the Insured Person the same coverage and Benefit Amount provided under this rider at the time of conversion. Any waiting period for the Contestable Period and Suicide provisions will be waived to the extent the same has been met under this rider. If any specified critical illness Benefit Amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion policy. The premium for the conversion policy will be based upon the age of the Insured Person at the time this rider is converted.

CLAIM PROCEDURES

Notice of Claim. You must give Us written notice of claim within 20 calendar days after the Diagnosis covered by this rider starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our Administrative Office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule and the name of the Insured Person, if different.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit stated in the Proof of Loss.

Proof of Loss. You must give Us written proof of loss within 120 calendar days after the Diagnosis. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of Diagnosis unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any Diagnosis by this rider will be paid after proper written proof of loss is received.

Payment of Claims. All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

Legal Action. You cannot bring a legal action to recover benefits under this rider for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date of proof of loss is required.

Misstatement of Age or Gender. If the Insured Person's age and/or gender is misstated, an adjustment in premiums, coverage, or both will be made based on the Insured Person's correct age and/or gender. No misstatement of age or gender will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

Physical Examination and Autopsy. We have the right to have the Insured Person examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Conformity with State Statutes. The law of Your state of residence applies. If this rider conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Periods of Time. All periods of time shown in the rider begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Time of Coverage. Coverage starts on the rider Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the Grace Period. This rider may be renewed only as stated in the Premium section of the Policy. Each time this rider is renewed, the new term begins when the old terms ends.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when the Insured Person establishes residence in a foreign country;
- the expiration date listed in the rider Schedule;
- when the maximum percentage of Benefit Amount has been paid for each category; or
- upon the Insured Person's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

| | |
|------------|-------------------|
| Issue Date | [October 1, 2008] |
| Insured | [John Doe] |

RIDER BENEFIT

Subject to rider conditions, We will not charge You Premiums due for the Policy and any attached riders while the Insured is Totally Disabled. Totally Disabled (Total Disability) is the Insured's inability to work at a job he or she is educated or trained to do. The inability must be due solely to:

- an Injury, which is an accidental bodily injury independent of all other causes, which happens while this rider is in force; or
- a Sickness, which is a sickness that first showed symptoms or could have been diagnosed while this rider is in force.

Total Disability due to either Injury or Sickness must require a doctor's regular care.

Prior to waiving Premiums, We must know that the Total Disability:

- was not caused by an Exclusion, below;
- started while this rider and Your Policy were in force;
- started before the Policy Anniversary following the Insured's 60th birthday ; and
- has existed at least six consecutive months.

LIMITATIONS

The Premium waived will correspond to the Premium Period. If Premiums are paid monthly, a monthly Premium is waived. If Premiums are paid quarterly, a quarterly Premium is waived, etc.

Premiums will only be waived while Total Disability continues.

No more than one year's worth of Premiums will be waived for any Total Disability that started more than a year before You file Notice of claim.

You cannot change insurance coverage while Premiums are being waived under this rider.

EXCLUSIONS

This rider does not cover any Total Disability caused by:

- any intentionally self-inflicted injuries or sicknesses;
- war or act of war, whether or not declared; or
- any injuries received while serving in any country's or organization's armed forces.

CLAIM PROCEDURES

To have Premiums waived under this rider, You must provide Notice, which means You must tell Us You have a claim. You must also provide Proof, which means You must prove the Insured is Totally Disabled. Notice and Proof must be written and sent to Our Administrative Office:

- within 180 days of the Total Disability;
- while the Insured is alive and the Total Disability exists;
- not more than one year after the Insured's 60th birthday; and
- not more than one year after any Premium is unpaid.

If it is not possible to give Notice and Proof as required above, You may give them as soon as it is reasonably possible to do so. We can ask why it was not possible to give Notice and Proof as required. We can also have the Insured examined at Our expense. No Premium will be waived for any portion of Total Disability beginning or existing more than one year before You file Notice and Proof.

OTHER REQUIREMENTS

If Total Disability starts during a Grace Period, the Premium due must be paid before subsequent Premiums will be waived. If Total Disability starts after the Grace Period has expired for a Premium due, Premiums will not be waived.

Premiums are only waived while the Insured is and remains Totally Disabled. We will stop waiving Premiums if Total Disability ceases. We can request proof of the Insured's continued Total Disability, which You must provide at Our request. If You do not provide Proof when requested, We will stop waiving Premiums. We may also have the Insured examined. After the Insured's Total Disability has continued for two years, We can only request Proof of continued Total Disability annually.

ENTIRE CONTRACT

In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when the Insured establishes residence in a foreign country; or
- the Policy Anniversary after the Insured's 60th birthday (unless Total Disability has already started).

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



LEVEL TERM INSURANCE BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

| | |
|---------------------|-------------------|
| Issue Date | [October 1, 2008] |
| Insured | [John Doe] |
| Amount of Insurance | [\$100,000] |
| Expiration Date | [October 1, 2028] |
| Term Period | [20 years] |

RIDER BENEFIT

If the Insured's death occurs while the Policy and this rider are in force and prior to the Expiration Date shown in the rider Schedule, We will pay the Amount of Insurance to this rider's Beneficiary.

Payment of the Amount of Insurance will be made:

- in the same manner as We pay Policy Proceeds;
- in addition to Policy Proceeds otherwise payable; and
- after due proof of the Insured's death is received at Our Administrative Office.

CONVERSION

All or part of the Amount of Insurance may be converted to a new policy of insurance without submitting evidence of the Insured's health. The new policy will be a permanent plan of insurance offered by Us at the time of conversion. The amount converted:

- cannot exceed the Amount of Insurance on the date of conversion;
- is subject to the balance, if any, of the Contestable Period and Suicide provisions as measured from this rider's Issue Date; and
- is subject to the Conversion Requirements section below.

Conversion Period. You may convert this rider beginning on the Issue Date and ending on the earlier of [2 years before end of term period] or the Policy Anniversary following the Insured's 65th birthday.

Conversion Requirements. Conversion can only be made if all of the following conditions are met:

- the request for conversion is made prior to the earlier of the Policy Anniversary following the Insured's 65th birthday or the end of the conversion period;
- the Insured Person is living and this rider is in force; and
- all renewal Premiums have been paid.

Conversion will be effective upon Our receipt of Your request and payment of the new policy's first premium. The new policy's issue date is the Due Date on which the conversion is made.

Premiums for the new policy will be based on:

- the Insured's gender and age;
- the Insured's underwriting classification; and
- Our rates in effect on the new policy's issue date.

The new policy may include a disability waiver of premium rider if:

- You request and We agree to include the rider;
- the Insured is not Totally Disabled;
- You provide, at Our request, satisfactory Evidence of Insurability for the Insured which allows Us to determine whether to issue the rider; and
- the Insured is age 60 or less on the date of conversion.

SUICIDE

If the Insured dies by suicide within two years of this rider's Issue Date, Our only liability will be a refund of Premiums paid for this rider.

ENTIRE CONTRACT

In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date of the Insured's death;
- the date this rider is converted to a new policy;
- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless a later date is specified;
- when the Insured establishes residence in a foreign country; or
- the Expiration Date listed in the rider Schedule.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

ANNUAL TERM LIFE RIDER RENEWAL PREMIUMS
(ASSUMING THE PREMIUM MODE IS ANNUAL AND THE POLICY IS RENEWED EACH DUE DATE)

POLICY NUMBER: [1234567890] INSURED: [John Doe]

| BEGINNING MO-DAY-YR | AGE | GUARANTEED TERM RIDER PREMIUM |
|------------------------|-----|-------------------------------------|
| 10/01/2008 | 35 | [165.00] |
| 10/01/2009 | 36 | [165.00] |
| 10/01/2010 | 37 | [165.00] |
| 10/01/2011 | 38 | [165.00] |
| 10/01/2012 | 39 | [165.00] |
| 10/01/2013 | 40 | [165.00] |
| 10/01/2014 | 41 | [165.00] |
| 10/01/2015 | 42 | [165.00] |
| 10/01/2016 | 43 | [165.00] |
| 10/01/2017 | 44 | [165.00] |
| 10/01/2018 | 45 | [165.00] |
| 10/01/2019 | 46 | [165.00] |
| 10/01/2020 | 47 | [165.00] |
| 10/01/2021 | 48 | [165.00] |
| 10/01/2022 | 49 | [165.00] |
| 10/01/2023 | 50 | [165.00] |
| 10/01/2024 | 51 | [165.00] |
| 10/01/2025 | 52 | [165.00] |
| 10/01/2026 | 53 | [165.00] |
| 10/01/2027 | 54 | [165.00] |



LEVEL TERM INSURANCE BENEFIT RIDER – OTHER INSURED

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

| | |
|---------------------|-------------------|
| Issue Date | [October 1, 2008] |
| Insured Person | [Jane Doe] |
| Amount of Insurance | [\$100,000] |
| Expiration Date | [October 1, 2028] |
| Term Period | [20 years] |

RIDER BENEFIT

If the Insured Person's death occurs while the Policy and this rider are in force and prior to the Expiration Date shown in the rider Schedule, We will pay the Amount of Insurance to this rider's Beneficiary.

Payment of the Amount of Insurance will be made:

- in the same manner as We pay Policy Proceeds;
- in addition to rider Proceeds otherwise payable; and
- after due proof of the Insured Person's death is received at Our Administrative Office.

CONVERSION

All or part of the Amount of Insurance may be converted to a new policy of insurance without submitting evidence of the Insured Person's health. The new policy will be a permanent plan of insurance offered by Us at the time of conversion. The amount converted:

- cannot exceed the Amount of Insurance on the date of conversion;
- is subject to the balance, if any, of the Contestable Period and Suicide provisions as measured from this rider's Issue Date; and
- is subject to the Conversion Requirements section below.

Conversion Period. You can convert this rider beginning on the Issue Date and ending on the earlier of [2 years before end of term period] or the Policy Anniversary following the Insured Person's 65th birthday.

Conversion Requirements. Conversion can only be made if all of the following conditions are met:

- the request for conversion is made prior to the earlier of the Policy Anniversary following the Insured Person's 65th birthday or the end of the conversion period;
- the Insured Person is living and this rider is in force; and
- all Renewal Premiums have been paid.

Conversion will be effective upon Our receipt of Your request and payment of the new policy's first premium. The new policy's issue date is the Due Date on which the conversion is made.

Premiums for the new policy will be based on:

- the Insured Person's gender and age;
- the Insured Person's underwriting classification; and
- Our rates in effect on the new policy's issue date.

The new policy may include a disability waiver of premium rider if:

- You request and We agree to include the rider;
- the Insured Person is not Totally Disabled;
- You provide satisfactory Evidence of Insurability for the Insured Person that allows Us to determine whether to issue the rider; and
- the Insured Person is age 60 or less on the date of Conversion.

Conversion. At the death of the Policy's Insured, the You may convert all or part of the Amount of Insurance by applying for conversion within 90 days of the date of the Policy's Insured's death. If this rider's Insured Person dies within that 90-day period, We will pay the Amount of Insurance to the Beneficiary when due proof of this rider's Insured Person's death is received at Our Administrative Office. Payment of the Amount of Insurance will be made in the same manner as Policy Proceeds are paid.

SUICIDE

If the Insured Person dies by suicide within two years of this rider's Issue Date, Our only liability will be a refund of Premiums paid for this rider.

BENEFICIARY

The Owner of the Policy is this rider's Beneficiary unless otherwise named in the Application. Guidelines for changing this rider's Beneficiary are the same as stated in the Policy. The Policy's Insured and this rider's Insured Person must be living at the time the rider's Beneficiary is changed.

ENTIRE CONTRACT

In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date of the Insured Person's death;
- the date this rider is converted to a new policy;
- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive your written notice to cancel this rider unless a later date is specified;
- when the Insured Person establishes residence in a foreign country; or
- the Expiration Date listed in the rider Schedule.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

ANNUAL OTHER INSURED TERM LIFE RIDER RENEWAL PREMIUMS
(ASSUMING THE PREMIUM MODE IS ANNUAL AND THE POLICY IS RENEWED EACH DUE DATE)

POLICY NUMBER: [1234567890] INSURED: [Jane Doe]

| BEGINNING MO-DAY-YR | AGE | GUARANTEED TERM RIDER PREMIUM |
|------------------------|-----|-------------------------------------|
| 10/01/2008 | 35 | [131.00] |
| 10/01/2009 | 36 | [131.00] |
| 10/01/2010 | 37 | [131.00] |
| 10/01/2011 | 38 | [131.00] |
| 10/01/2012 | 39 | [131.00] |
| 10/01/2013 | 40 | [131.00] |
| 10/01/2014 | 41 | [131.00] |
| 10/01/2015 | 42 | [131.00] |
| 10/01/2016 | 43 | [131.00] |
| 10/01/2017 | 44 | [131.00] |
| 10/01/2018 | 45 | [131.00] |
| 10/01/2019 | 46 | [131.00] |
| 10/01/2020 | 47 | [131.00] |
| 10/01/2021 | 48 | [131.00] |
| 10/01/2022 | 49 | [131.00] |
| 10/01/2023 | 50 | [131.00] |
| 10/01/2024 | 51 | [131.00] |
| 10/01/2025 | 52 | [131.00] |
| 10/01/2026 | 53 | [131.00] |
| 10/01/2027 | 54 | [131.00] |



PAYOR BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

| | | |
|------------------|---|---|
| Issue Date: | [|] |
| Expiration Date: | [|] |
| Insured: | [|] |
| Premium Payor: | [|] |

WAIVER AT DEATH

Subject to this rider's provisions, if the Premium Payor dies:

- while the Policy and this rider are in force;
- prior to the date the Policy and this rider terminate for any reason; and
- prior to the Policy Anniversary following the Insured's 25th birthday

We will waive or refund if already paid, Policy Premiums. Premiums will be waived upon receipt at Our Administrative Office of due proof of the Premium Payor's death. We will waive those Premiums due:

- after the date of the Premium Payor's death; and
- prior to the Policy Anniversary following the Insured's 25th birthday.

Suicide. If the Premium Payor dies by suicide within two years of this rider's Issue Date, Our liability is limited to refunding the Premiums paid for this rider.

WAIVER UPON TOTAL DISABILITY

Subject to the provisions of this rider, We will waive or refund if already paid, Policy Premiums due:

- prior to the Policy Anniversary following the Insured's 25th birthday; and
- while the Premium Payor is Totally Disabled.

Totally Disabled (Total Disability) is the Premium Payor's inability to work at a job he or she is educated or trained to do. The inability must be due solely to:

- an Injury to the Premium Payor, which is an accidental bodily injury independent of all other causes which happens while this rider is in force; or
- a Sickness of the Premium Payor, which is a sickness that first showed symptoms or could have been diagnosed while this rider is in force.

Total Disability due to either a Premium Payor Injury or Sickness must require a doctor's regular care.

Prior to waiving Premiums, We must know that the Total Disability began:

- while Your Policy and this rider are in force;
- during the Insured's lifetime; and
- prior to the Policy Anniversary following:
 - the Insured's 25th birthday; and
 - the Premium Payor's 60th birthday.

An Injury or Sickness does not include an:

- intentionally self-inflicted Injury or Sickness; or
- Injury or Sickness caused by war or act of war, whether or not declared.

Premiums will not be waived until the Premium Payor has been Totally Disabled for six consecutive months. The Premiums waived will be determined by the Premium Period in effect under the Policy.

CLAIM PROCEDURES

To have Premiums waived under this rider, You must provide Notice, which means You must tell Us You have a claim. You must also provide Proof, which means You must prove the Premium Payor is Totally Disabled. Notice and Proof must be written and sent to Our Administrative Office:

- within 180 days of the Premium Payor's Total Disability;
- while the Insured is alive and the Premium Payor's Total Disability exists;
- not more than one year after the Insured's 25th birthday; and
- not more than one year after any Premium is unpaid.

If it is not possible to give Notice and Proof as required above, You may give them as soon as it is reasonably possible to do so. We can ask why it was not possible to give Notice and Proof as required. We can also have the Premium Payor examined at Our expense. No Premium will be waived for any portion of Total Disability beginning or existing more than one year before You file Notice and Proof.

OTHER REQUIREMENTS

If Total Disability starts during a Grace Period, the Premium due must be paid before subsequent Premiums will be waived. If Total Disability starts after the Grace Period has expired for a Premium due, Premiums will not be waived.

Premiums are only waived while the Premium Payor is and remains Totally Disabled. We will stop waiving Premiums if Total Disability ceases. We can request proof of the Premium Payor's continued Total Disability, which You must provide at Our request. If You do not provide Proof when requested, We will stop waiving Premiums. We may also have the Premium Payor examined. After the Premium Payor's Total Disability has continued for two years, We can only request Proof of continued Total Disability annually.

ENTIRE CONTRACT

In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date the Premium Payor changes;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- for the Total Disability Benefit, the Policy Anniversary following the Premium Payor's 60th birthday (unless Total Disability has already started);
- the Policy Anniversary following the Insured's 25th birthday;
- when the Insured establishes residence in a foreign country;
- the expiration date listed in the rider Schedule; or
- upon the Premium Payor's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



PROTECTED INSURABILITY BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

| | |
|-------------------------|-------------------|
| Issue Date: | [October 1, 2008] |
| Expiration Date: | [October 1, 2013] |
| Insured: | [John Doe] |
| Purchase Option Amount: | [\$10,000] |

BENEFIT

This rider provides Option Dates to purchase insurance under a new policy without submitting Evidence of Insurability on the Insured. The new policy will be any permanent plan of insurance We offer when the purchase option is exercised. Purchase options only occur prior to the Policy Anniversary following the Insured's 40th birthday and while the Policy and this rider are in force.

OPTION DATES

You will have the right, before the Policy Anniversary following the Insured's 40th birthday, to purchase additional coverage. You may purchase this coverage without Evidence of Insurability as to the Insured's health. The first purchase must be made at least 24 months after this rider's Issue Date. No more than five purchases may be made. Each purchase must be at least 24 consecutive months apart.

RIDER CONDITIONS

New Coverage. Coverage shall be issued and effective when Your application is approved.

Amount. The amount of insurance purchased cannot exceed the Purchase Option Amount shown in the rider Schedule. Premiums for the new policy are based on the Insured's gender, age, underwriting classification and Our rates in effect on the new policy's date of issue.

Purchase Requirements. You must apply to Us in writing and pay the new premium.

Premium. The premium for the new policy will be based on:

- the Insured's age on the date of issue;
- Our rates on the date of issue; and
- the Insured's original risk class.

OPTIONAL RIDERS

If Your Policy includes a disability waiver of premium rider at the time You exercise a purchase option, the new policy may include a comparable rider if the Insured is not eligible to receive waiver of premium benefits under the Policy's disability waiver of premium rider on the new policy's date of issue.

ENTIRE CONTRACT

In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

RIDER VALUES

This rider has no Cash Value or Loan Value.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the date the Option Date on the Policy Anniversary nearest the Insured's 40th birthday is exercised or is cancelled;
- when the Insured establishes residence in a foreign country; or
- the Policy Anniversary following the Insured's 40th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

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Toll-free (800) 869-0355**

LIFE PRODUCT SECTION

TERM LIFE INSURANCE

Base Amount \$ _____ Number of years for policy: ☐ 10-Year ☐ 15-Year ☐ 20-Year ☐ 30-Year

ADDITIONAL BENEFITS AVAILABLE ON TERM LIFE—Check benefit(s) desired and indicate amount requested where applicable.

- | | | |
|--|--|----------------------|
| <input type="checkbox"/> Disability Waiver of Premium Benefit Rider | <input type="checkbox"/> Other Insured Term Insurance Benefit Rider <i>(complete next page)</i> | \$ _____ |
| <input type="checkbox"/> Monthly Disability Income Rider for Primary Insured | <input type="checkbox"/> Monthly Disability Income Rider for Other Insured <i>(complete next page)</i> | \$ _____ mo. benefit |
| <input type="checkbox"/> Accident Only Disability Income Rider for Primary Insured | <input type="checkbox"/> Accident Only Disability Income Rider for Other Insured <i>(complete next page)</i> | \$ _____ mo. benefit |
| <input type="checkbox"/> Critical Illness Benefit Rider for Primary Insured | <input type="checkbox"/> Critical Illness Benefit Rider-Other Insured <i>(complete next page)</i> | \$ _____ |
| <input type="checkbox"/> Children's Term Insurance Rider <i>(complete next page)</i> | <input type="checkbox"/> Return of Premium Benefit Rider | _____ units |

WHOLE LIFE INSURANCE

Base Amount \$ _____

If cash value is available, should the Automatic Premium Loan (APL) provision be made effective? *(If no option chosen, APL will apply.)* ☐ Yes ☐ No

Nonforfeiture Option: *(If no option chosen, ETI will apply)* ☐ Extended Term Insurance (ETI) ☐ Reduce Paid-Up Insurance (RPU)

Dividend Option: *(If no option chosen, PUA will apply)* ☐ Paid-up Additions (PUA) ☐ Accumulate at Interest ☐ Reduced Premium/PUA
☐ Reduce Premiums/Cash ☐ Paid in Cash

ADDITIONAL BENEFITS AVAILABLE ON WHOLE LIFE—Check benefit(s) desired and indicate amount requested where applicable.

- | | | |
|---|--|--|
| <input type="checkbox"/> Disability Waiver of Premium Benefit Rider | <input type="checkbox"/> Protected Insurability Benefit Rider | \$ _____ |
| <input type="checkbox"/> Monthly Disability Income Rider for Primary Insured | <input type="checkbox"/> Monthly Disability Income Rider for Other Insured <i>(complete next page)</i> | \$ _____ mo. benefit |
| <input type="checkbox"/> Accident Only Disability Income Rider for Primary Insured | <input type="checkbox"/> Accident Only Disability Income Rider for Other Insured <i>(complete next page)</i> | \$ _____ mo. benefit |
| <input type="checkbox"/> Critical Illness Benefit Rider for Primary Insured | <input type="checkbox"/> Critical Illness Benefit Rider-Other Insured <i>(complete next page)</i> | \$ _____ |
| <input type="checkbox"/> Children's Term Insurance Rider <i>(complete next page)</i> | <input type="checkbox"/> Accidental Death Benefit Rider | \$ _____ |
| <input type="checkbox"/> Level Term Insurance Benefit Rider for Primary Insured <i>(Select only one):</i> | <input type="checkbox"/> 10-Year <input type="checkbox"/> 20-Year | \$ _____ |
| <input type="checkbox"/> Level Term Insurance Benefit Rider — Other Insured <i>(Select only one):</i> | <input type="checkbox"/> 10-Year <input type="checkbox"/> 20-Year | \$ _____ |
| <input type="checkbox"/> Payor Benefit Rider <i>(Complete Health Section for Payor)</i> Payor Name _____ DOB ____ / ____ / ____ <input type="checkbox"/> M <input type="checkbox"/> F | | |
| <input type="checkbox"/> Paid-Up Additions Rider (VER) | <input type="checkbox"/> Periodic Premiums \$ _____ | <input type="checkbox"/> Single Premium \$ _____ |

SINGLE PREMIUM WHOLE LIFE INSURANCE

Base Amount \$ _____

Dividend Option: *(If no option chosen, PUA will apply)* ☐ Paid-Up Additions (PUA) ☐ Accumulate at Interest ☐ Paid in Cash



LIFE PRODUCT SECTION (continued)

| Information | Other Insured | Child Rider No. 1 | Child Rider No. 2 | Child Rider No. 3 |
|---|---|---|---|---|
| Legal Name (First, Middle, Last) | | | | |
| Date of Birth (MM/DD/YYYY) | / / | / / | / / | / / |
| Age | | | | |
| Social Security No. | | | | |
| Birth State/Country | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height/Weight | ft. in. / lbs. | ft. in. / lbs. | ft. in. / lbs. | ft. in. / lbs. |
| Residing with Proposed Insured | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship to Proposed Insured | | | | |
| Employer | | | | |
| Occupation | | | | |
| Gross monthly income | \$ | | | |
| If self-employed, net mo. income | \$ | | | |
| Has the Other Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Not applicable to Child Riders.)</i> | | | | |
| If YES, please list type _____ and last date of use (MM/DD/YYYY) / / | | | | |



| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125821794</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40487</i> |
| <i>Company Tracking Number:</i> | <i>WL2001CSO</i> | | |
| <i>TOI:</i> | <i>L071 Individual Life - Whole</i> | <i>Sub-TOI:</i> | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i> | <i>WL2001CSO</i> | | |
| <i>Project Name/Number:</i> | <i>WL2001CSO/WL2001CSO</i> | | |

Rate Information

Rate data does NOT apply to filing.

| | | | |
|--------------------------|---------------------------------|------------------------|--|
| SERFF Tracking Number: | SEFL-125821794 | State: | Arkansas |
| Filing Company: | Assurity Life Insurance Company | State Tracking Number: | 40487 |
| Company Tracking Number: | WL2001CSO | | |
| TOI: | L071 Individual Life - Whole | Sub-TOI: | L071.101 Fixed/Indeterminate Premium - Single Life |
| Product Name: | WL2001CSO | | |
| Project Name/Number: | WL2001CSO/WL2001CSO | | |

Supporting Document Schedules

| | | | |
|--------------------------|-----------------------------|-----------------------|------------|
| Satisfied -Name: | Certification/Notice | Review Status: | 09/18/2008 |
| Comments: | | | |
| Attachment: | | | |
| AR NEW Certification.pdf | | | |
| | | | |
| Satisfied -Name: | Statement of Policy Cost | Review Status: | 10/03/2008 |
| Comments: | | | |
| Attachments: | | | |
| SPCBI - R I0884.pdf | | | |
| SPCBI - R I0885.pdf | | | |
| SPCBI - I L0880.pdf | | | |
| | | | |
| Satisfied -Name: | Illustration Certifications | Review Status: | 10/08/2008 |
| Comments: | | | |
| Attachments: | | | |
| Illus Actuary AR.pdf | | | |
| Officer Cert AR.pdf | | | |
| | | | |
| Satisfied -Name: | Cover Letter | Review Status: | 10/08/2008 |
| Comments: | | | |
| Attachment: | | | |
| CL_AR_IL0880.pdf | | | |



Company Name:

Assurity Life Insurance Company

Form Title(s) and Numbers:

| | |
|-----------------------|--|
| I L0880 (AR) | Whole Life Insurance |
| R I0881 (AR) | Critical Illness Benefit Rider |
| R I0882 (AR) | Critical Illness Benefit Rider - Other Insured |
| R I0883 | Disability Waiver of Premium Benefit Rider |
| R I0884 | Level Term Benefit Rider - Primary Insured |
| R I0885 | Level Term Benefit Rider - Other Insured |
| R I0886 | Payor Benefit Rider |
| R I0887 | Protected Insurability Benefit Rider |
| 47-355-05051 (R08-08) | Life Product Section of application |

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive, flowing style.

Carol S. Watson
Vice President, General Counsel & Secretary

October 8, 2008

ASSURITY LIFE INSURANCE COMPANY
1526 K STREET, LINCOLN, NEBRASKA 68508
STATEMENT OF RIDER COST AND BENEFIT INFORMATION

| | | |
|----------------------|--------------------------------|------------------------------|
| INSURED: | ISSUE DATE: [January 1, 2008] | POLICY NUMBER: [1234567890] |
| [John Doe] | | AGENT: [Assurity Agent] |
| [123 Any Street] | | [1526 K Street] |
| [AnyTown, ST 12345] | | [Lincoln, NE 68508] |

| AGE 1. BASIC POLICY | FACE AMOUNT PAYABLE UPON DEATH | ANNUAL PREMIUM | YEARS PAYABLE |
|---|-----------------------------------|-------------------|------------------|
| <hr style="border-top: 1px dashed black;"/> | | | |
| [35] 20 YEAR TERM RIDER | [\$100,000] | [\$165.00] | 20 |

THE POLICY OWNER HAS AN UNCONDITIONAL RIGHT TO RETURN THE POLICY TO THE COMPANY OR ITS AUTHORIZED AGENT WITHIN 30 DAYS AFTER RECEIPT FOR FULL REFUND OF ANY PREMIUMS PAID.

BASIC POLICY INFORMATION

| POLICY YEAR | RIDER ANNUAL PREMIUM | DEATH BENEFIT PAYABLE AT BEGINNING OF POLICY YEAR |
|---|----------------------------|--|
| <hr style="border-top: 1px dashed black;"/> | | |
| 1 | [\$165.00] | [\$100,000] |
| 2 | [\$165.00] | [\$100,000] |
| 3 | [\$165.00] | [\$100,000] |
| 4 | [\$165.00] | [\$100,000] |
| 5 | [\$165.00] | [\$100,000] |
| 10 | [\$165.00] | [\$100,000] |
| 20 | [\$165.00] | [\$100,000] |

AN EXPLANATION OF THE INTENDED USE OF THE FOLLOWING INDEXES ARE INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE.

| | SURRENDER COST INDEX | | NET PAYMENT COST INDEX | |
|---|-------------------------|--------|---------------------------|--------|
| | 10 YR. | 20 YR. | 10 YR. | 20 YR. |
| <hr style="border-top: 1px dashed black;"/> | | | | |
| 20 YEAR TERM RIDER | [1.65] | [1.65] | [1.65] | [1.65] |

ASSURITY LIFE INSURANCE COMPANY
1526 K STREET, LINCOLN, NEBRASKA 68508
STATEMENT OF RIDER COST AND BENEFIT INFORMATION

| | | |
|----------------------|--------------------------------|------------------------------|
| INSURED: | ISSUE DATE: [January 1, 2008] | POLICY NUMBER: [1234567890] |
| [Jane Doe] | | AGENT: [Assurity Agent] |
| [123 Any Street] | | [1526 K Street] |
| [AnyTown, ST 12345] | | [Lincoln, NE 68508] |

| AGE 1. BASIC POLICY | FACE AMOUNT PAYABLE UPON DEATH | ANNUAL PREMIUM | YEARS PAYABLE |
|---|-----------------------------------|-------------------|------------------|
| <hr style="border-top: 1px dashed black;"/> | | | |
| [35] 20 YEAR TERM RIDER | [\$100,000] | [\$131.00] | 20 |

THE POLICY OWNER HAS AN UNCONDITIONAL RIGHT TO RETURN THE POLICY TO THE COMPANY OR ITS AUTHORIZED AGENT WITHIN 30 DAYS AFTER RECEIPT FOR FULL REFUND OF ANY PREMIUMS PAID.

BASIC POLICY INFORMATION

| POLICY YEAR | BASIC ANNUAL PREMIUM | DEATH BENEFIT PAYABLE AT BEGINNING OF POLICY YEAR |
|---|----------------------------|--|
| <hr style="border-top: 1px dashed black;"/> | | |
| 1 | [\$131.00] | [\$100,000] |
| 2 | [\$131.00] | [\$100,000] |
| 3 | [\$131.00] | [\$100,000] |
| 4 | [\$131.00] | [\$100,000] |
| 5 | [\$131.00] | [\$100,000] |
| 10 | [\$131.00] | [\$100,000] |
| 20 | [\$131.00] | [\$100,000] |

AN EXPLANATION OF THE INTENDED USE OF THE FOLLOWING INDEXES ARE INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE.

| | SURRENDER COST INDEX | | NET PAYMENT COST INDEX | |
|---|-------------------------|--------|---------------------------|--------|
| | 10 YR. | 20 YR. | 10 YR. | 20 YR. |
| <hr style="border-top: 1px dashed black;"/> | | | | |
| 20 YEAR TERM RIDER | [1.31] | [1.31] | [1.31] | [1.31] |

ASSURITY LIFE INSURANCE COMPANY
1526 K STREET, LINCOLN, NEBRASKA 68508
STATEMENT OF POLICY COST AND BENEFIT INFORMATION

| | | |
|---------------------|-------------------------------|-----------------------------|
| INSURED: | ISSUE DATE: [OCTOBER 1, 2008] | POLICY NUMBER: [1234567890] |
| [JOHN DOE] | | AGENT: [ASSURITY AGENT] |
| [123 INSURED BLVD] | | [123 AGENT BLVD] |
| [LINCOLN, NE 68508] | | [LINCOLN, NE 68508] |

| AGE | FACE AMOUNT PAYABLE UPON DEATH | ANNUAL PREMIUM | YEARS PAYABLE |
|---------------------------|-----------------------------------|-------------------|------------------|
| <hr/> | | | |
| [35] 1. WHOLE LIFE POLICY | \$[100,000.00] | \$[1,472.00] | [86] |

THE POLICY OWNER HAS AN UNCONDITIONAL RIGHT TO RETURN THE POLICY TO THE COMPANY OR ITS AUTHORIZED AGENT WITHIN 30 DAYS AFTER RECEIPT FOR FULL REFUND OF ANY PREMIUM PAID.

THE LOAN INTEREST RATE MAY VARY, BUT IT WILL NOT EXCEED THE GREATER OF (1) THE PUBLISHED MONTHLY AVERAGE FOR THE CALENDAR MONTH ENDING TWO MONTHS BEFORE THE RATE IS DETERMINED; OR (2) THE RATE USED TO COMPUTE THE CASH SURRENDER VALUE UNDER THE POLICY PLUS 1% PER ANNUM. INTEREST IS PAYABLE IN ARREARS ON THE POLICY ANNIVERSARY DATE.

BENEFIT INFORMATION

| POLICY YEAR | CASH SURR. VALUE END OF YEAR | DIVIDEND PAYABLE* END OF YEAR | DEATH BENEFIT PAYABLE AT BEGINNING OF POLICY YEAR |
|----------------|---------------------------------|----------------------------------|--|
| <hr/> | | | |
| 1 | \$[0.00] | \$[0] | \$[100,000.00] |
| 2 | [0.00] | [117] | [100,000.00] |
| 3 | [782.00] | [132] | [100,000.00] |
| 4 | [1,833.00] | [150] | [100,000.00] |
| 5 | [2,916.00] | [166] | [100,000.00] |
| 10 | [8,841.00] | [243] | [100,000.00] |
| 20 | [23,244.00] | [619] | [100,000.00] |
| Age 65 | [40,709.00] | [1,121] | [100,000.00] |
| Age 121 | [100,000.00] | [2,974] | [100,000.00] |

* DIVIDENDS ARE BASED ON CURRENT SCALE AND ARE NOT GUARANTEED. DIVIDENDS ILLUSTRATED ASSUME NO POLICY LOANS. LOANS WILL REDUCE DIVIDENDS.

AN EXPLANATION OF THE INTENDED USE OF THE FOLLOWING INDEXES ARE INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE.

| | SURRENDER COST INDEX | | NET PAYMENT COST INDEX | | EQUIVALENT LEVEL ANNUAL DIVIDEND | |
|-------------------|-------------------------|--------|---------------------------|---------|-------------------------------------|--------|
| | 10 YR. | 20 YR. | 10 YR. | 20 YR. | 10 YR. | 20 YR. |
| <hr/> | | | | | | |
| WHOLE LIFE POLICY | [6.56] | [5.33] | [13.25] | [12.03] | [1.47] | [2.69] |

**ACTUARIAL CERTIFICATION OF COMPLIANCE WITH THE
LIFE INSURANCE ILLUSTRATION REGULATION**

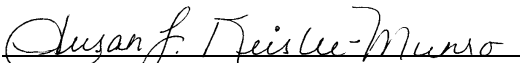
TO: Board of Directors, Assurity Life Insurance Company
Insurance Commissioner in the State of Arkansas

SUBJECT: Policy Forms: I L0880
Rider Forms: R I0883, R I0886, R I0887

I, Susan L. Keisler-Munro, am Senior VP, Chief of Operations of Assurity Life Insurance Company and am a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of said insurer to be the illustration actuary for the plans of insurance shown above subject to the Life Insurance Illustration Regulation for this state. The appointment is documented in the Board minutes. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

Scales used in illustrating non-guaranteed elements for the plans of insurance shown above meet the requirements of the Regulation. The disciplined current scales for the plans are in conformity with the actuarial Standard of practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board. Moreover:

- No currently payable scale for business issued within the last five years and within the scope of this certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale.
- Non-guaranteed elements illustrated for new policies are consistent with those illustrated for similar in-force policies.
- Illustrated non-guaranteed elements for new and in-force policies subject to this regulation are consistent with the non-guaranteed elements amounts actually credited or charged to the same or similar forms.
- The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation were from the current generally recognized expense table approved for this purpose by the National Association of Insurance Commissioners.


Susan L. Keisler-Munro

Date: September, 2008



September 2008

Arkansas Insurance Department
Commissioner of Insurance
Julie Benafield Bowman
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Dear Commissioner Bowman:

As a responsible officer of the insurer, Assurity Life Insurance Company, I hereby certify:

1. that the illustration formats meet the requirements of this regulation;
2. that the scales used in insurer-authorized illustrations are those scales certified by the illustration actuary and as explained in such certification; and
3. that the Company has provided its agents with information about the expense allocation method used by the Company in its illustrations and has disclosed same as required.

Please add this certification to that made by Assurity's Illustration Actuary, Ms. Keisler-Munro.

Very truly yours,

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive, flowing style.

Carol S. Watson

Enclosures

October 8, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201

Filing Company: Assurity Life Insurance Company
NAIC No: 71439-000
Company Filing No: WL2001CSO et al.
Kind of Insurance: Life

| Form Numbers | Form Title |
|-----------------------|--|
| I L0880 (AR) | Whole Life Insurance |
| R I0881 (AR) | Critical Illness Benefit Rider |
| R I0882 (AR) | Critical Illness Benefit Rider – Other Insured |
| R I0883 | Disability Waiver of Premium Benefit Rider |
| R I0884 | Level Term Insurance Benefit Rider |
| R I0885 | Level Term Insurance Benefit Rider – Other Insured |
| R I0886 | Payor Benefit Rider |
| R I0887 | Protected Insurability Benefit Rider |
| 47-355-05051 (R09-08) | Life Product Section of Application |

Dear Sir or Madam:

Assurity Life Insurance Company submits the above captioned forms for review and approval. The Illustration Certifications are also included with the filing in accordance with Arkansas regulation.

When approved, the following forms will replace previously approved forms, which were based on the 1980 CSO table, as used with the policies indicated and as listed below:

| New Form | Form Being Replaced | Approval Date |
|-----------------------|-----------------------|----------------|
| I L0880 (AR) | A-L L00 | July 17, 2001 |
| R I0881 (AR) | N/A | |
| R I0882 (AR) | N/A | |
| R I0883 | A-R 136 | July 17, 2001 |
| R I0884 | N/A | |
| R I0885 | N/A | |
| R I0886 | A-R 137 | July 17, 2001 |
| R I0887 | A-R 128 | June 13, 2000 |
| 47-355-05051 (R09-08) | 75-355-05051 (R02-08) | April 10, 2008 |

Form I L0880 is a whole life insurance policy.

Issue Ages: 0 – 85 (age nearest birthday)

Risk Classes: Male/Female
Up to and including \$99,999 – Non-tobacco and Tobacco
Above \$99,999 – Preferred+ Non-tobacco, Preferred Non-tobacco, Select Non-tobacco, Preferred Tobacco and Tobacco

Underwriting: Full underwriting will be utilized

Benefits: Minimum: 10,000

Marketing: This product will be distributed by Assurity's licensed agents and brokers.

Form R I0881 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness.

Form R I0882 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness. This rider is available if there is an other insured on the policy.

Form R I0883 is a rider that provides for the waiver of premiums if the insured on the policy is totally disabled, as defined in the rider.

Form R I0884 is a rider that provides term insurance.

Form R I0885 is a rider that provides term insurance on another adult on the policy.

Form R I0886 is a rider that provides for the waiver of premiums if there is a payor on the policy and that payor is totally disabled, as defined in the rider.

Form R I0887 is a rider that provides the option to increase coverage without providing evidence of insurability.

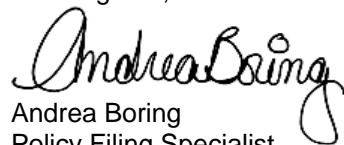
Form 47-355-05051 (R08-08) is utilized when applying for life insurance sold by our licensed brokers and agents.

Please note that the following previously approved riders will also be available with form I L0880:

| Form No. | Form Title | Approval Date |
|-----------------|--|------------------|
| R I0761 | Accelerated Benefit Rider | April 10, 2008 |
| A-R 127 | Exchange Privilege Rider | June 13, 2000 |
| A-R 130 (AR) | Accidental Death Benefit Rider | June 13, 2000 |
| A-R M35 | Children's Term Insurance Rider | April 15, 2004 |
| A-RN16 (R12-06) | Paid-Up Additions Purchase Option Rider – Period Premium | January 29, 2007 |
| A-RN18 | Paid-Up Additions Purchase Option Rider – Single Premium | June 13, 2000 |
| R T25 | Disability Income Rider | April 15, 2004 |
| R T27-E | Accident Only Disability Income Rider | July 29, 2005 |

Should you have any questions or concerns regarding this submission, please contact me at 1-800-276-7619 ext.3453. I may also be reached via email at policyfiling@assurity.com.

Best regards,



Andrea Boring
Policy Filing Specialist
New Business Services